



State of Idaho Emergency Medical Services Bureau
Provider Application Form



Level Applied For: ☐ First Responder ☐ EMT-Basic ☐ Advanced EMT-A (\$35.00 fee) ☐ EMT-Paramedic (\$35.00 fee)

Type: ☐ Initial ☐ Recertification (\$25.00 fee for AEMT-A and EMT-P) ☐ Reinstatement ☐ Reversion ☐ Ambulance Rating (complete back) ☐ Reciprocity

Applicant Information:

Social Security # _____ - - Date of Birth ____ / ____ / ____ Drivers License # _____ DL State _____

Name _____ Gender ☐ F ☐ M

Last Name First Name Middle Name/Initial

Mailing Address _____

City _____ State _____ Zip _____ County _____

Home Phone # _____ Work Phone # _____ Cell Phone # _____

E-Mail Address _____ Circle the highest level of education: GED High School Diploma College: 1 2 3 4 5 6 7 8

Affiliation:

Agency Name _____ Agency License # _____

Agency Chief/Director/President _____

Signature

Printed Name

Additional Licensed EMS Affiliations: _____

Check all circumstances in which you will use this certification: Volunteer Career

☐ True

☐ Full Time

☐ Compensated

☐ Part Time

Applicant Signature:

I hereby affirm the information herein is true and correct, and that I meet all requirements for EMS certification as established by the State of Idaho.

Signature of Applicant

Date signed

For Bureau Use Only

Received in RO Complete

CHC Scan Date (PROV) _____

CHC Complete Date (FULL) _____

Course # _____

NR Written Date _____

NR Practical Date _____

Ambulance Rating (if AEMTA)

Date _____ Included ☐

Cert. Fee Rcvd Date _____

Approval Date/Initial _____

Entered into Database _____

Date Sent to CO _____

Previous ID State Certification ☐

Received in CO Complete

First Responder/Basic

Test Date

Expiration

4/03-9/03

9/30/2006

10/03-3/04

3/31/2007

4/04-9/04

9/30/2007

10/04-3/05

3/31/2008

4/05-9/05

9/30/2008

10/05-3/06

3/31/2009

4/06-9/06

9/30/2009

10/06-3/07

3/31/2010

4/07-9/07

9/30/2010

10/07-3/08

3/31/2011

4/08-9/08

9/30/2011

Advanced, Intermediate and Paramedic

Test Date

Expiration

4/04-9/04

9/30/2006

10/04-3/05

3/31/2007

4/05-9/05

9/30/2007

10/05-3/06

3/31/2008

4/06-9/06

9/30/2008

10/06-3/07

3/31/2009

4/07-9/07

9/30/2009

10/07-3/08

3/31/2010

4/08-9/08

9/30/2010

EMT-BASIC

Recertification Education Record

Applicant Name: _____

All recertification requirements must be complete and submitted between the effective date and the expiration date of the current certification. Recertification requires an EMS Bureau approved EMT-Basic Refresher, 24 hours of continuing education and verification of skills.

EMT-Basic Refresher Options (Complete 1) - Attach proof of completion

- ☐ Traditional EMS Bureau approved Refresher # _____ Completion Date _____ Instructor _____
- ☐ CECEBEMS Approved Refresher Education Online Vendor _____ Completion Date _____
- ☐ After 12/31/06 successfully pass the EMT-B NREMT computer adaptive test at a Pearson Vue testing center. Date Complete _____
- ☐ Agency Sponsored Ongoing Training Education Plan (OTEP) approved by the EMS Bureau

Continuing Education

Course Topic	Instructor	Date	Hours	Course Topic	Instructor	Date	Hours
Total				Total			

This is to confirm that this applicant for recertification has completed skills verification and performed satisfactorily to be deemed competent in the following skills:

- *Trauma and Medical Patient Assessment and Management*
- *Cardiac Arrest Management including CPR/AED Skills*
- *Ventilatory Management and Oxygen Administration to include upper airway adjuncts, suction, and Bag-valve-mask*
- *Hemorrhage Control/Shock Management*
- *Splinting Procedures to include traction splinting*
- *Assisted Medication Administration*
- *Childbirth Skills to include care of the newborn*
- *Spinal Immobilization, both seated and supine, including application of the cervical collar*

Signature of Agency Medical Director or Designee

Date

Printed Name of Agency Medical Director or Designee